

Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Tuesday, March 17, 2015 at the hour of 10:30 A.M. at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

**I. Attendance/Call to Order**

Chairman Gugenheim called the meeting to order.

Present: Chairman Ada Mary Gugenheim and Director Erica E. Marsh, MD, MSCI (2)

Board Chairman M. Hill Hammock (ex-officio), Mr. Patrick T. Driscoll, Jr. (non-Director Member) and Patricia Merryweather (non-Director Member)  
Director Emilie N. Junge

Present

Telephonically: Director Wayne M. Lerner, DPH, LFACHE (1)

Absent: None (0)

Director Marsh, seconded by Chairman Gugenheim, moved to allow Director Lerner to participate in the meeting telephonically. THE MOTION CARRIED UNANIMOUSLY.

Additional attendees and/or presenters were:

Peter Daniels – Chief Operating Officer, Hospital-Based Services

Krishna Das, MD – System Chief Quality Officer

Aaron Hamb, MD – Provident Hospital of Cook County

Randolph Johnston – System Associate General Counsel

John O'Brien, MD – Director of Professional Education

Deborah Santana – Secretary to the Board

Ozuru Ukoha, MD – John H. Stroger, Jr. Hospital of

Cook County

**II. Public Speakers**

Chairman Gugenheim asked the Secretary to call upon the registered public speakers.

The Secretary responded that there were none present.

**III. Report from Chief Quality Officer**

**A. Regulatory and Accreditation Updates**

Dr. Krishna Das, Chief Quality Officer, provided a brief update on regulatory and accreditation matters. She reminded the Committee that Prieto Clinic is in the window for The Joint Commission's (TJC) single site visit to accredit it as a Primary Care Medical Home. Stroger Hospital is also in the window for its next full accreditation survey by TJC that should occur anytime between now and November.

**B. Metrics (Attachment #1)**

Dr. Das noted that staff have recently experienced a lot of technical issues with data collection; she had hoped to have the January data for this meeting, but was unable to include it due to those issues. She believes the issues are temporary. Data abstractions are both manual and computer-assisted, and come through the Cerner System. Cerner produces upgrades, as any electronic medical record (EMR) system does. Staff believes that the Lighthouse application is perhaps not as stable as it could be, because with each upgrade, a temporary setback sometimes occurs; it takes a few weeks to realign the version of one application to the other. Under normal circumstances, Dr. Das stated that there should be a lag of approximately six (6) weeks between when the data is received and when it is presented to the Committee.

### **III. Report from Chief Quality Officer**

#### **B. Metrics (continued)**

With regard to slide 5, Board Chairman Hammock noted that it is hard to ascertain progress, as no targets are set for these measures. Dr. Das stated that the way people usually set these indicators is by a percentage reduction over the baseline; following discussion, it was determined that Dr. Das would work on the best way to set targets for the measures.

During the discussion of the information on slide 5 regarding pressure ulcers, Dr. Das noted that, later in the year, a more in-depth presentation is planned regarding ulcers and falls, which are both nursing-sensitive indicators; that presentation is expected to provide unit-specific data.

It was noted that slide 6 contained an error; the variance under the Board Metrics section for Overall Rating of Hospital should be 24%, not 10%.

With regard to slide 7, Board Chairman Hammock stated that it would be helpful if the slide header would include the word “Ambulatory” with the description of ACHN. Additionally, it would be helpful in the targets if it was footnoted somehow where there are national targets or percentiles.

Director Marsh stated that it would also be helpful to have an overall average for the previous six or twelve months, perhaps placed right before the target, particularly for the core measures and efficiencies.

The Committee discussed the data on the measures relating to efficiency in the Operating Rooms (OR) at Stroger Hospital on slide 2. Director Marsh noted that, based on the data, it appears that the OR is not doing as many cases as it should be doing. Dr. Marsh requested that the Committee receive an update on this subject within the next few months as to what the drivers are, and the number of cases that were not able to be done in a given day. Dr. Das responded affirmatively.

Director Lerner inquired whether there is there a process improvement team involved in the OR turnaround time issue. Dr. Das responded affirmatively. Mr. Daniels stated that a project team for that purpose is assembled and in place; it is composed of a subset of individuals from the OR Committee. Director Lerner suggested that the Committee have a drill-down at one of its upcoming meetings so the members can try to identify the obstacles to achieving the targets. Dr. Das noted that a drill-down on the subject is planned in the schedule for later this year<sup>1</sup>.

#### **C. Assessment of Language and Literacy (Attachment #2)**

Dr. Das provided an overview of the presentation on the Assessment of Language and Literacy. The following individuals provided additional information on the subject: Debra Carey, Chief Operating Officer of Ambulatory Services; Dr. John O’Brien, Director of Professional Education; and Jack Daley, Director of Support Services. The Committee reviewed and discussed the information.

During the discussion of the subject of staffing clinics with bilingual staff and assessments of primary patient populations that will be served, Board Chairman Hammock stated that, in the System’s challenge to retain its CountyCare patients and patients in general, at a later date it would be helpful to see how the staffing lines up against the patients served. Ms. Carey responded that this information can be provided.

### **III. Report from Chief Quality Officer**

#### **C. Assessment of Language and Literacy (continued)**

During the discussion of the use of telephone interpreters, Dr. O'Brien stated that the cost of using telephone interpreters is \$.85 per minute. If a provider needs a Spanish or Polish interpreter, which are services provided by in-house interpreters, they are asked to press one of the buttons and that takes them to the in-house interpreters; if nobody answers the call, it is then forwarded to the telephone interpreters. A request was made for information on the total cost for telephonic interpreters for outpatient services<sup>2</sup>; Mr. Daniels responded that he will provide that information.

Director Lerner inquired whether this data is inclusive of CountyCare patients. Dr. Das responded that the data is by site of care; she believes that she can assemble it by insurance status. Director Lerner stated that it might be helpful to reflect the crossover between quality and patient safety and managed care<sup>3</sup>; he asked Dr. Das to connect with Steven Glass, Executive Director of Managed Care, to further discuss the matter. He stated that, clearly, one of the ways to keep people in a managed care environment is to make sure the organization is communicating with them, so it would be helpful to have that information.

### **IV. Action Items**

#### **A. Minutes of the Quality and Patient Safety Committee Meeting, February 17, 2015**

Director Lerner, seconded by Director Marsh, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of February 17, 2015. THE MOTION CARRIED UNANIMOUSLY.

#### **B. \*\*Medical Staff Appointments/Re-appointments/Changes (Attachment #3)**

Director Lerner, seconded by Director Marsh, moved to approve the Medical Staff Appointments/Reappointments/Changes. THE MOTION CARRIED UNANIMOUSLY.

#### **C. Any items listed under Sections IV, V and VI**

### **V. Recommendations, Discussion/Information Items**

#### **A. Reports from the Medical Staff Executive Committees**

- i. Provident Hospital of Cook County**
- ii. John H. Stroger, Jr. Hospital of Cook County**

Dr. Aaron Hamb, of Provident Hospital of Cook County, indicated that Dr. Anwer Hussain, President of the Executive Medical Staff (EMS) of Provident Hospital of Cook County, was not in attendance, and did not have a report to present at this time.

Dr. Ozuru Ukoha, President of the EMS of John H. Stroger, Jr. Hospital of Cook County, presented his report. Their monthly meeting was held last week. At the meeting, Dr. Claudia Fegan, Executive Medical Director brought two items to their attention that she would like to be taken more seriously. One relates to patient identification - she requested the medical staff to require two identifiers for every patient encounter; preferably these would be the patient's name and date of birth. The other item relates to procedures; there needs to be a proper way of documenting clinicians' certifications that leads to privileges.

**VI. Closed Meeting Items**

- A. Medical Staff Appointments/Re-appointments/Changes**
- B. Litigation Matter(s)**
- C. Update on Cermak Health Services**

Director Marsh, seconded by Chairman Gugenheim, moved to recess the open meeting and convene into a closed meeting, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding “the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity,” 5 ILCS 120/2(c)(11), regarding “litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting,” and 5 ILCS 120/2(c)(17), regarding “the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals for a hospital, or other institution providing medical care, that is operated by the public body.” THE MOTION CARRIED UNANIMOUSLY.

Chairman Gugenheim declared that the closed meeting was adjourned. The Committee reconvened into the open meeting.

**VII. Adjourn**

As the agenda was exhausted, Chairman Gugenheim declared the meeting ADJOURNED.

Respectfully submitted,  
Quality and Patient Safety Committee of the  
Board of Directors of the  
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXX

Ada Mary Gugenheim, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXX

Deborah Santana, Secretary

<sup>1</sup> Follow-up: Regarding measures relating to efficiency in the OR - request was made for a drill-down at an upcoming meeting (already scheduled), and request made for update within next few months regarding what the drivers are, along with the number of cases not able to be done in a given day.  
Page 2.

<sup>2</sup> Follow-up: Request was made for information on total cost of telephonic interpreters for outpatient services.  
Page 3.

<sup>3</sup> Follow-up: Request was made to see language and literacy data by insurance status, to reflect the crossover between quality and patient safety and managed care. Page 3.

Cook County Health and Hospitals System  
Quality and Patient Safety Committee Meeting Minutes  
March 17, 2015

ATTACHMENT #1



COOK COUNTY HEALTH  
& HOSPITALS SYSTEM  
**CCHHS**

# CCHHS Board of Directors Quality and Patient Safety Committee Dashboard Overview

17 March 2015

Krishna Das, MD, Chief Quality Officer

# Dashboard Overview

- Quality measures – process, outcome and efficiency
- Safety measures
- Patient satisfaction
- Hospitals and ambulatory are included



# Quality – Stroger

	A	D	G	J	M	P	S	V	Y	AB	AE	AH	AK	AL	AM	A	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB				
1	CCHHS QPS Committee Dashboard																		CCHHS Board Metrics - Quality															
2	Data as of 03/10/2015		CY 2014												TARGET		VARIANCE %		CY 2014															
3	PERFORMANCE MEASURES		Q1 2014			Q2 2014			Q3 2014			Q4 2014																						
4			Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec					Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec				
5															TARGET		VARIANCE %																	
6	Stroger																			CY 2014														
7	Core Measures														TARGET		VARIANCE %		CY 2014															
8	Venous Thromboembolism (VTE) (%)		81	84	79	73	86	81	92	85	88	88	83	84	99	-15%																		
9	Stroke (%)		71	63	73	75	94	95	95	97	96	97	93	91	100	-9%																		
10	Immunizations (%)		54	54	62	64	59	45	47	53	62	74	68	68	90	-22%																		
11	Efficiency - Operating Room														TARGET		VARIANCE %		Monthly Composite															
12	On-Time Start (%)		32	30	40	47	38	48	38	41	32	35	45	35	80	-45%																		
13	Room Turn Around Time (minutes)		50	50	47	48	52	49	51	48	54	57	54	50	35	-42%																		



# Quality – Provident

	A	D	G	J	M	P	S	V	Y	AB	AE	AH	AK	AL	AM	A	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB												
1	CCHHS QPS Committee Dashboard															CCHHS Board Metrics - Quality																										
2	Data as of 03/10/2015															CY 2014																										
3	PERFORMANCE MEASURES															CY 2014																										
4																TARGET	VARIANCE %																									
5																Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec															
24	<b>Provident</b>																																									
25	<i>Core Measures</i>																																									
26	Venous Thromboembolism (VTE) (%)															83	83	92	78	90	84	80	90	89	79	94	79	99	-20%													
27	Immunizations (%)															69	94	82	63	80	82	64	77	62	65	65	77	90	-13%													
																59	68	87	52	62	84	54	64	84	54	64	84	99.0%	-4.9%													



# Safety – Stroger

	A	D	G	J	M	P	S	V	Y	AB	AE	AH	AK	AL	AM	A	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB																													
1	CCHHS QPS Committee Dashboard														CCHHS Board Metrics - Quality																																												
2	Data as of 03/10/2015														CY 2014																																												
3	PERFORMANCE MEASURES														Q1 2014			Q2 2014			Q3 2014			Q4 2014			TARGET	VARIANCE %	CCHHS Board Metrics - Quality																														
4															Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec			CY 2014																														
5															Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	TARGET	VARIANCE	CCHHS Board Metrics - Quality																														
6	<b>Stroger</b>																												TARGET	VARIANCE	CY 2014																												
14	<b>Safety</b>														Total # of Events														TARGET	VARIANCE																													
15	HAC: Pressure Ulcer Stages III & IV <i>Adult discharges (&gt; 18) with LOS &gt; 5 days; per 1000 discharges</i>														7.6	0.0	3.8	3.8	3.8	1.9	0.0	0.0	1.8	2.2	4.4	4.4															TARGET	VARIANCE																	
16	HAC: Falls with Injury <i>All med/surg units and ICUs/CCUs; per 1000 patient-days</i>														0.5	1.0	0.9	0.0	0.4	0.7	0.7	1.0	0.3	0.2	0.3	0.0															TARGET	VARIANCE																	
17	HAI: CLABSI SIR <i>Eligible units include all units with laboratory confirmed event.</i>														1.5	0.0	0.6	0.4	1.2	0.6	0.4	0.4	0.3	0.4	0.0	0.0															TARGET	VARIANCE																	
18	HAI: CAUTI SIR <i>Eligible units include all units with laboratory confirmed event.</i>														1.0	1.3	1.6	1.3	1.0	0.7	1.0	0.7	1.0	1.0	0.3	0.0															TARGET	VARIANCE																	

# Patient Experience – Stroger

	A	D	G	J	M	P	S	V	Y	AB	AE	AH	AK	AL	AM	A	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB												
1	CCHHS QPS Committee Dashboard															CCHHS Board Metrics - Quality																										
2	Data as of 03/10/2015															CY 2014																										
3	PERFORMANCE MEASURES															CY 2014																										
4																TARGET	VARIANCE %	CY 2014																								
5																Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec															
6	<b>Stroger</b>																																									
19	<b>Patient Experience</b>																																									
20	Overall Rating of Hospital (% top box)															55	63	62	60	61	69	66	65	66	73	61	85	-24%														
21	Communication with Doctors (% top box)															75	87	82	77	78	83	90	82	83	76	83	88	-5%														
22	Communication with Nurses (% top box)															63	64	69	60	70	69	72	65	73	63	72	86	-14%														
23	Cleanliness (% top box)															40	46	54	44	51	51	55	48	61	39	51	77	-26%														



# ACHN

	A	D	G	J	M	P	S	V	Y	AB	AE	AH	AK	AL	AM	A	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB				
1	CCHHS QPS Committee Dashboard														CCHHS Board Metrics - Quality																			
2	Data as of 03/10/2015														CY 2014																			
3	PERFORMANCE MEASURES														CY 2014																			
4															CY 2014																			
5															CY 2014																			
28	ACHN														CY 2014																			
29	Diabetes Control % with Hgb A1C < 9%	76	73	77	78	78	0%	76	73	77	78	78%	0%	76	73	77	78	78%	0%	76	73	77	78	78%	0%	76	73	77	78	78%	0%			
30	Immunizations: Up to date in children at 24	87	87	57	68	86	-18%	66	68	68	67	67	-8%	66	68	68	67	67	75%	-8%	63	60	63	62	62	75%	-13%	63	60	63	62	62	75%	-13%
31	Patient Experience: Moving Through Visit	66	68	68	67	75	-8%	66	68	68	67	67	-8%	66	68	68	67	67	75%	-8%	63	60	63	62	62	75%	-8%	63	60	63	62	62	75%	-8%
32	Patient Experience: Telephone Access	63	60	63	62	75	-13%	63	60	63	62	62	-13%	63	60	63	62	62	75%	-13%	63	60	63	62	62	75%	-13%	63	60	63	62	62	75%	-13%



# Board Quality Dashboard

A	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB																	
CCHHS QPS		CCHHS Board Metrics - Quality												TARGET	VARIANCE																
1	2	Data as of 03/10/2015																													
3	PERFORMANCE MEASURES																														
4	CY 2014																														
5		Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec																		
6	<b>Stronger</b>																														
7	<b>Core Measures</b>																														
8	Venous Thromboembolism (VTE) (%)	81	84	79	73	86	81	92	85	88	88	83	84	99%	-14.80%																
9	Stroke (%)																														
10	Immunizations (%)																														
11	<b>Efficiency - Operating Room</b>																														
12	On-Time Start (%)	32	30	40	47	38	48	38	41	32	35	45	35	80	-45%																
13	Room Turn Around Time (minutes)																														
14	<b>Safety</b>																														
15	HAC: Pressure Ulcer Stages III & IV <small>Adult discharges (&gt; 18) with LOS &gt; 5 days; per 1000 discharges</small>	15	11	15	7	12	10	9	10	7	6	5	2																		
16	HAC: Falls with Injury <small>All med/surg units and ICUs/CCUs; per 1000 patient-days</small>																														
17	HAI: CLABSI SIR <small>Eligible units include all units with laboratory confirmed event.</small>																														
18	HAI: CAUTI SIREligible units include all units with confirmed event.																														
19	<b>Patient Experience</b>																														
20	Overall Rating of Hospital (% top box)	55	63	62	60	61	69	66	65	66	73	61	85%	-10%																	
21	Communication with Doctors (% top box)																														
22	Communication with Nurses (% top box)																														
23	Cleanliness (% top box)																														
24	<b>Provident</b>																														
25	<b>Core Measures</b>																														
26	Venous Thromboembolism (VTE) (%)	59	68	87	52	62	84	54	64	84	54	64	84	99.0%	-4.9%																
27	Immunizations (%)																														
28	<b>ACHN</b>																														
29	Diabetes Control % with Hgb A1C < 9%	76		73		77		78		78%		0%																			
30	Immunizations: Up to date in children at 24																														
31	Patient Experience: Moving Through Visit	66		68		68		67		75%		-8%																			
32	Patient Experience: Telephone Access	63		60		63		62		75%		-13%																			



COOK COUNTY HEALTH  
& HOSPITALS SYSTEM  
**CCHHS**

Cook County Health and Hospitals System  
Quality and Patient Safety Committee Meeting Minutes  
March 17, 2015

ATTACHMENT #2



COOK COUNTY HEALTH  
& HOSPITALS SYSTEM  
**CCHHS**

# **CCHHS Board of Directors Quality and Patient Safety Committee Linguistically Appropriate Care**

17 March 2015

Krishna Das, MD, Chief Quality Officer

# **ASSESSMENT OF LANGUAGE AND LITERACY**

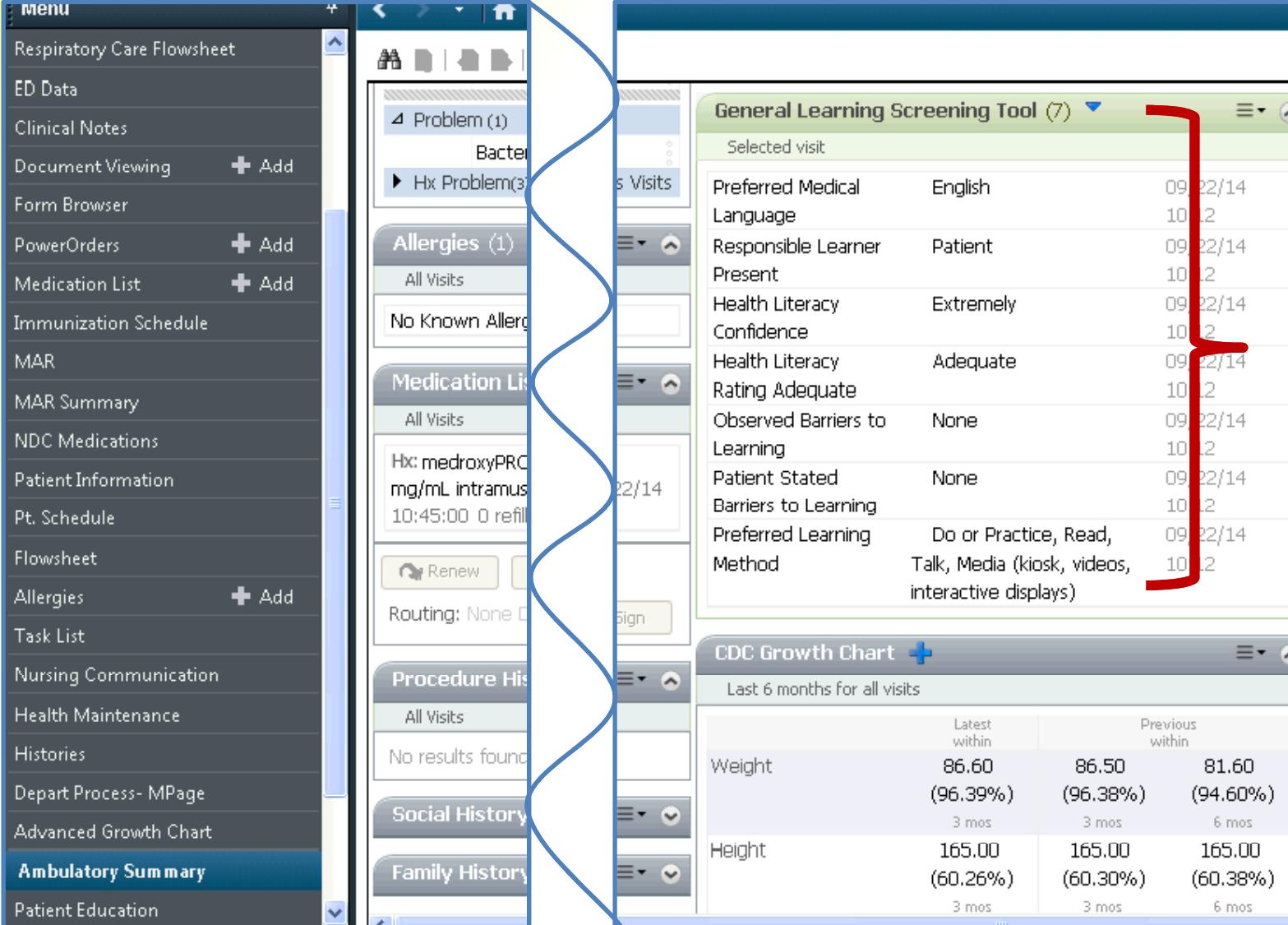
# Learning & Language Assessment\*

**General Learning Screening Tool**

<p><b>1. Responsible Learner Present?</b></p> <p><input checked="" type="radio"/> Patient  <input type="radio"/> Parent(s)/Guardian  <input type="radio"/> Other:</p>	<p><b>Preferred Language</b>  <b>2. What is your preferred Language for medical care?</b></p> <p><input type="radio"/> English  <input type="radio"/> Spanish  <input type="radio"/> Polish  <input type="radio"/> Other</p>
<p><b>Preferred Learning Method</b>  <b>3. How do you prefer to learn new information? (Check all that apply)</b></p> <p><input type="checkbox"/> Do or Practice  <input type="checkbox"/> Read  <input type="checkbox"/> Small Group  <input type="checkbox"/> Talk  <input type="checkbox"/> Media (kiosk, videos, interactive displays)  <input type="checkbox"/> Other:</p>	
<p><b>Barriers to Learning: From the Patient's Point of View</b>  <b>4. Is there anything that makes it hard for you to understand health information? (Check all that apply)</b></p> <p><input type="checkbox"/> Hearing  <input type="checkbox"/> Vision  <input type="checkbox"/> Social Stressors such as Financial issues, Personal difficulties, Limited Time  <input type="checkbox"/> Physical limitations  <input type="checkbox"/> Reading  <input type="checkbox"/> Interpreter Needed  <input type="checkbox"/> Healthcare beliefs, Alternative, Eastern or Spiritual customs  <input type="checkbox"/> None  <input type="checkbox"/> Other:</p>	
<p><b>Health Literacy Screening</b>  <b>5. How confident are you filling out medical forms by yourself? Responses linked to Health Literacy Rating</b></p> <p><input type="radio"/> Extremely  <input type="radio"/> Quite a bit  <input type="radio"/> Somewhat  <input type="radio"/> A little bit  <input type="radio"/> Not at all</p>	
<p><b>Barriers to Learning: Observed by Health Care Worker</b>  <b>6. The following conditions may affect the patient's Learning ability? (Check all that apply)</b></p> <p><input type="checkbox"/> psychological problems  <input type="checkbox"/> Denial of illness or condition  <input type="checkbox"/> Fine Motor skill deficit (i.e. difficulty managing body movements)  <input type="checkbox"/> Cognitive Impairment (i.e. unable to understand simple information)</p>	

\*Screen embedded within Cerner, for nursing intake

# Display – Language, Literacy and Learning\*



The screenshot displays the Cerner clinician interface with the following sections visible:

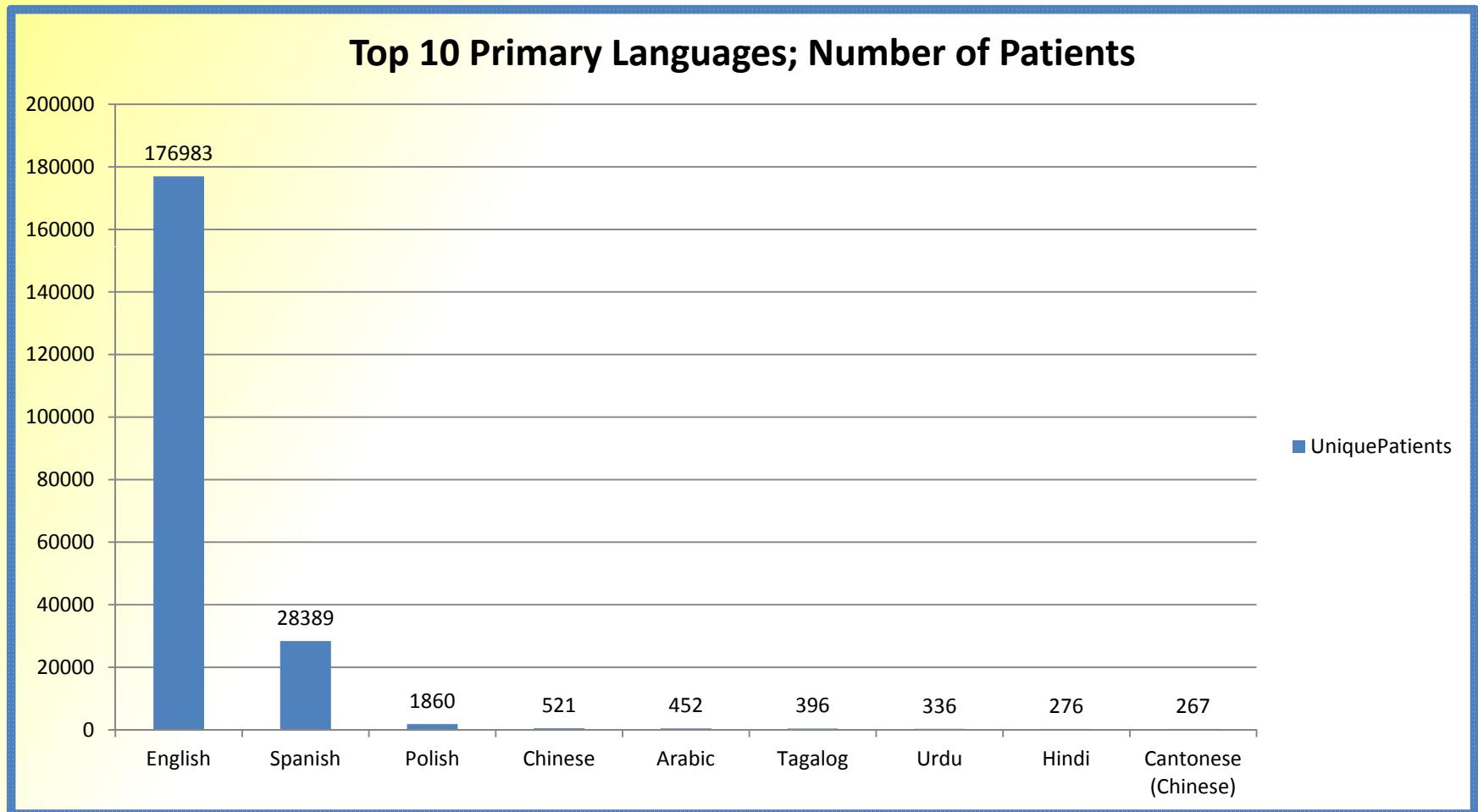
- Left Sidebar (Menu):**
  - Respiratory Care Flowsheet
  - ED Data
  - Clinical Notes
  - Document Viewing + Add
  - Form Browser
  - PowerOrders + Add
  - Medication List + Add
  - Immunization Schedule
  - MAR
  - MAR Summary
  - NDC Medications
  - Patient Information
  - Pt. Schedule
  - Flowsheet
  - Allergies + Add
  - Task List
  - Nursing Communication
  - Health Maintenance
  - Histories
  - Depart Process- MPage
  - Advanced Growth Chart
  - Ambulatory Summary** (highlighted in blue)
  - Patient Education
- Middle Column (Patient Data):**
  - Problem (1) Bacter... (with a red wavy line pointing to it)
  - Hx Problem(3) (with a red wavy line pointing to it)
  - Allergies (1) (with a red wavy line pointing to it)
    - All Visits
    - No Known Allergies
  - Medication List (with a red wavy line pointing to it)
    - All Visits
    - Hx: medroxyPRO... mg/mL intramus... 10:45:00 0 refill
    - Renew
    - Routing: None D...
    - Sign
  - Procedure His...
  - Social History
  - Family History
- Right Column (Screenshots):**
  - General Learning Screening Tool (7)** (with a red vertical line pointing to it)
 

Selected visit		
Preferred Medical Language	English	09/22/14
Responsible Learner Present	Patient	09/22/14
Health Literacy Confidence	Extremely	09/22/14
Health Literacy Rating Adequate	Adequate	09/22/14
Observed Barriers to Learning	None	09/22/14
Patient Stated Barriers to Learning	None	09/22/14
Preferred Learning Method	Do or Practice, Read, Talk, Media (kiosk, videos, interactive displays)	09/22/14
  - CDC Growth Chart** (with a red vertical line pointing to it)
 

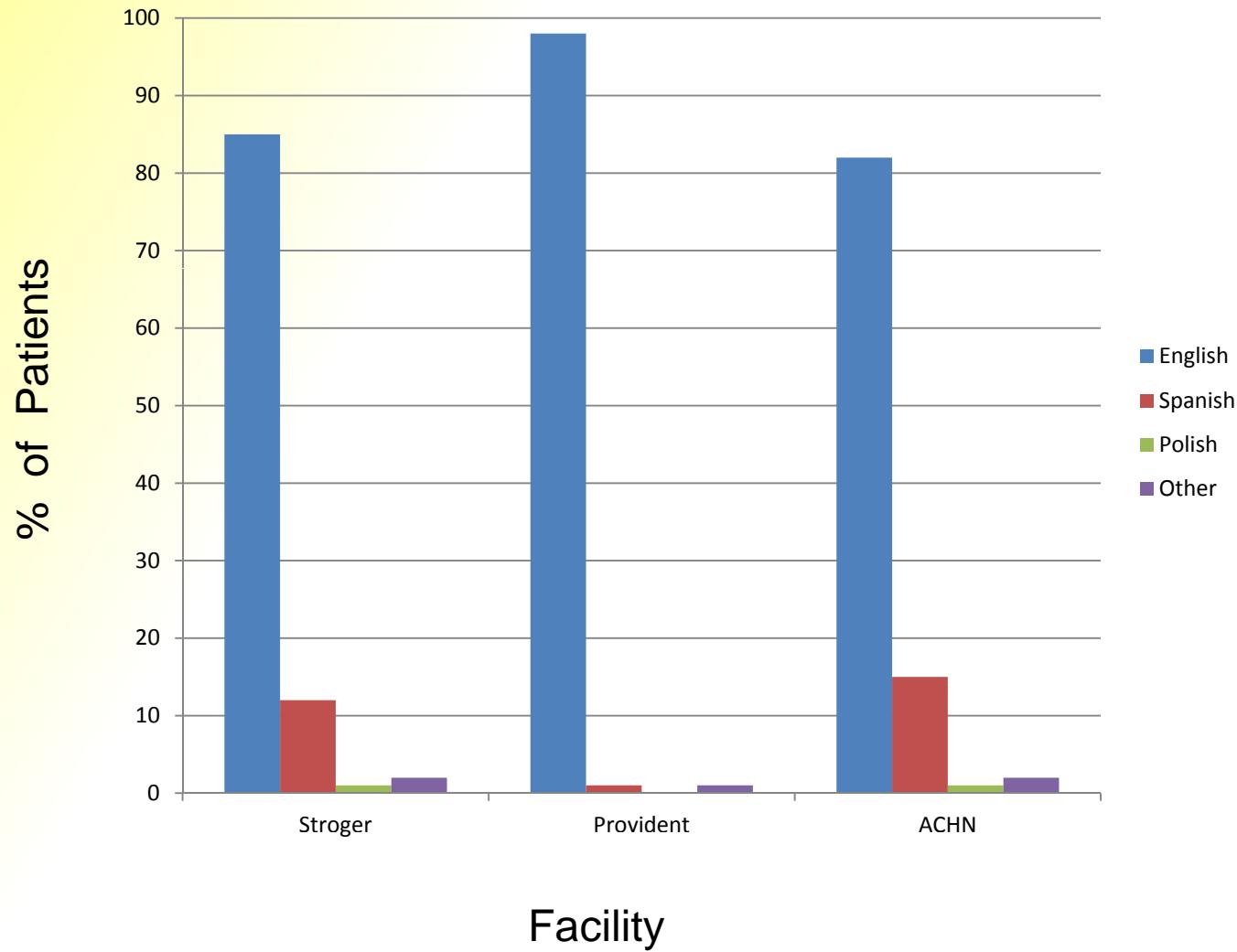
Last 6 months for all visits				
	Latest within 3 mos	Previous within 3 mos	Latest within 6 mos	Previous within 6 mos
Weight	86.60 (96.39%)	86.50 (96.38%)	81.60 (94.60%)	
Height	165.00 (60.26%)	165.00 (60.30%)	165.00 (60.38%)	

\*Screen embedded within Cerner, clinician view

# Preferred Languages CCHHS 2014



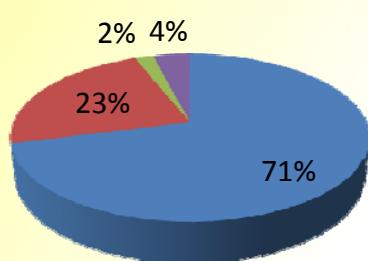
# Language Distribution by Facility 2014



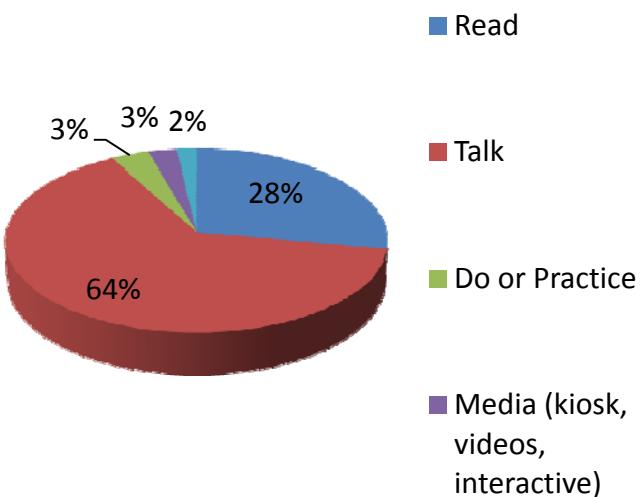
# Language and Literacy – Clinics

**ACHN December  
2014  
Patient's Preferred  
Language**

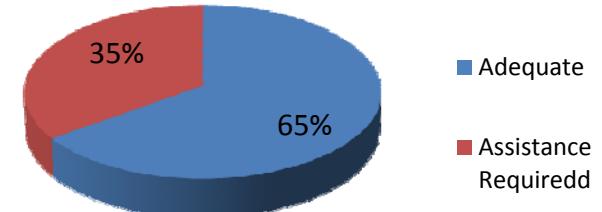
■ English ■ Spanish ■ Polish ■ Other



**ACHN December 2014  
Patient's Preferred Learning  
Style  
(Top 5 selections)**



**ACHN December 2014  
SILS Health Literacy  
Rating**



# Preferred Language – Clinics

Fantus GMC Preferred Language			
Dec 1, 2014 through Dec 31, 2014			
Preferred Language	%	# Selections	# Screens
English	72%	2879	4025
Spanish	17%	688	4025
Polish	4%	173	4025
Other	7%	285	4025

Sengstacke Health Center Preferred Language			
Dec 1, 2014 through Dec 31, 2014			
Preferred Language	%	# Selections	# Screens
English	96%	1796	1865
Spanish	2%	46	1865
Polish	0%	3	1865
Other	1%	20	1865

Prieto Health Center Preferred Language			
Dec 1, 2014 through Dec 31, 2014			
Preferred Language	%	# Selections	# Screens
English	19%	326	1680
Spanish	80%	1344	1680
Polish	1%	5	1680
Other	1%	5	1680

Oak Forest Preferred Language			
Dec 1, 2014 through Dec 31, 2014			
Preferred Language	%	# Selections	# Screens
English	89%	1883	2106
Spanish	6%	125	2106
Polish	1%	14	2106
Other	4%	84	2106

# Health Literacy Screening – Clinics

## Fantus GMC Health Center Compliance

Dec 1, 2014 through Dec 31, 2014

Health Literacy Rating from SILS	%	# Selections	# Screens
Adequate	56%	2272	4025
Needs Assistance	44%	1753	4025

## Sengstacke Health Center Compliance

Dec 1, 2014 through Dec 31, 2014

Health Literacy Rating from SILS	%	# Selections	# Screens
Adequate	77%	1434	1865
Needs Assistance	23%	430	1865

## Prieto Health Center Literacy Rating

Dec 1, 2014 through Dec 31, 2014

Health Literacy Rating from SILS	%	# Selections	# Screens
Adequate	42%	709	1680
Needs Assistance	58%	971	1680

## Oak Forest Primary Specialty Health Literacy Rate Compliance

Dec 1, 2014 through Dec 31, 2014

Health Literacy Rating from SILS	%	# Selections	# Screens
Adequate	75%	1576	2106
Needs Assistance	25%	528	2106

# Preferred Learning Method – Clinics

Fantus GMC Preferred Learning Style

Dec 1, 2014 through Dec 31, 2014

Preferred Learning Style	%	# Selections	# Screens
Read	27%	569	2143
Talk	60%	1284	2143
Do or Practice	6%	126	2143
Media (Kiosk, videos interactive)	5%	105	2143
Small Group	3%	59	2143

Sengstacke Preferred Learning Style

Dec 1, 2014 through Dec 31, 2014

Preferred Learning Style	%	# Selections	# Screens
Read	42%	360	848
Talk	41%	349	848
Do or Practice	10%	84	848
Media (Kiosk, videos interactive)	5%	41	848
Small Group	2%	14	848

Prieto Health Center Preferred Learning Style

Dec 1, 2014 through Dec 31, 2014

Preferred Learning Style	%	# Selections	# Screens
Read	64%	1071	1680
Talk	72%	1209	1680
Do or Practice	16%	266	1680
Media (Kiosk, videos interactive)	6%	109	1680
Small Group	11%	178	1680

Oak Forest Preferred Learning Style

Dec 1, 2014 through Dec 31, 2014

Preferred Learning Style	%	# Selections	# Screens
Read	50%	619	1230
Talk	24%	293	1230
Do or Practice	10%	127	1230
Media (Kiosk, videos interactive)	11%	132	1230
Small Group	5%	59	1230

# INTERVENTIONS

# Interventions

- Language – interpreter services, bilingual staff
- Literacy
  - Awareness and respect
  - Offering options to patients
  - Education, teach back, involve family
  - Further evaluate patient preferences in low literacy material
- Learning – gear education to patient preferences

# Interpreter Services Mission

- To provide a broad range of interpretation and written translation services for non-English speaking and Deaf and hard-of hearing patients.

# CLAS\* Standards – Language Services

- Offer language assistance services, including bilingual staff and interpreter services, to each patient with limited English proficiency at all points of contact and at all hours of operation.
- Provide both verbal offers and written notices informing patients of their right to receive language assistance services.
- Assure the competence of interpreters and bilingual staff who provide assistance to limited English proficient patients. Family and friends should not be used to provide interpretation services (except on request by the patient).
- Post signage in the languages of the commonly encountered groups and make patient education material easily available in the commonly represented languages.

\*Culturally and Linguistically Appropriate Services, Office of Minority Health, HHS

## CLAS Access – Provision of Care

- 21 interpreters Systemwide – 18 at Stroger Hospital
  - 17 Spanish
  - 4 Polish
  - 3 more to be hired
  - Services are available during clinic hours and 24/7/365 at Stroger, Provident and Cermak hospitals, selected clinics
- Bilingual providers – 100% of providers at selected clinics
- Prioritize bilingual candidates in recruitment

# Data on Interpreter Services

<i>Total # of requests by language for 2014</i>	<i>Spanish</i>	<i>Polish</i>	<i>Chinese</i>
<u>Attended</u>	50565	18921	1826
<u>Cancelled by Provider</u>	5660	1151	261
<u>Unattended/ No Show</u>	714	157	29
<u>Requested on the Unit</u>	11394	168	2
<b>Grand Total by language for 2014</b>	<b>68333</b>	<b>20397</b>	<b>2118</b>

## Other Support Services

- OPI (over the phone) interpreters available to provide language support for patients
  - In 2014, CCHHS used 132 languages provided by OPI vendor
- VRI (video remote interpreter) services available for deaf and hard-of-hearing patients
- Services available 24/7
- Both services have helped significantly decrease provider and patient wait times for interpreter services

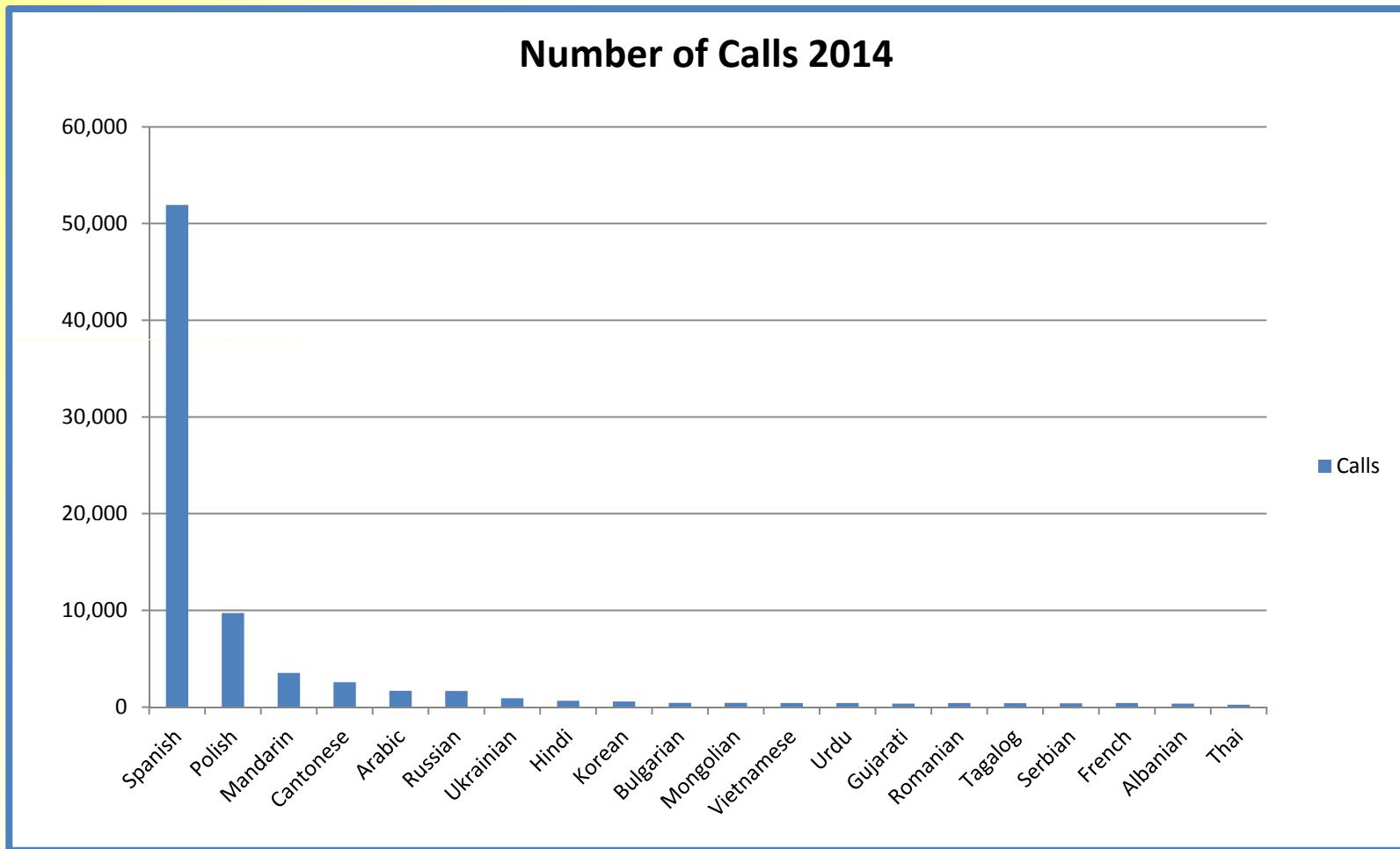
# Over the phone interpretation



# Video remote interpretation



# Call Volume – Over Phone Interpretation



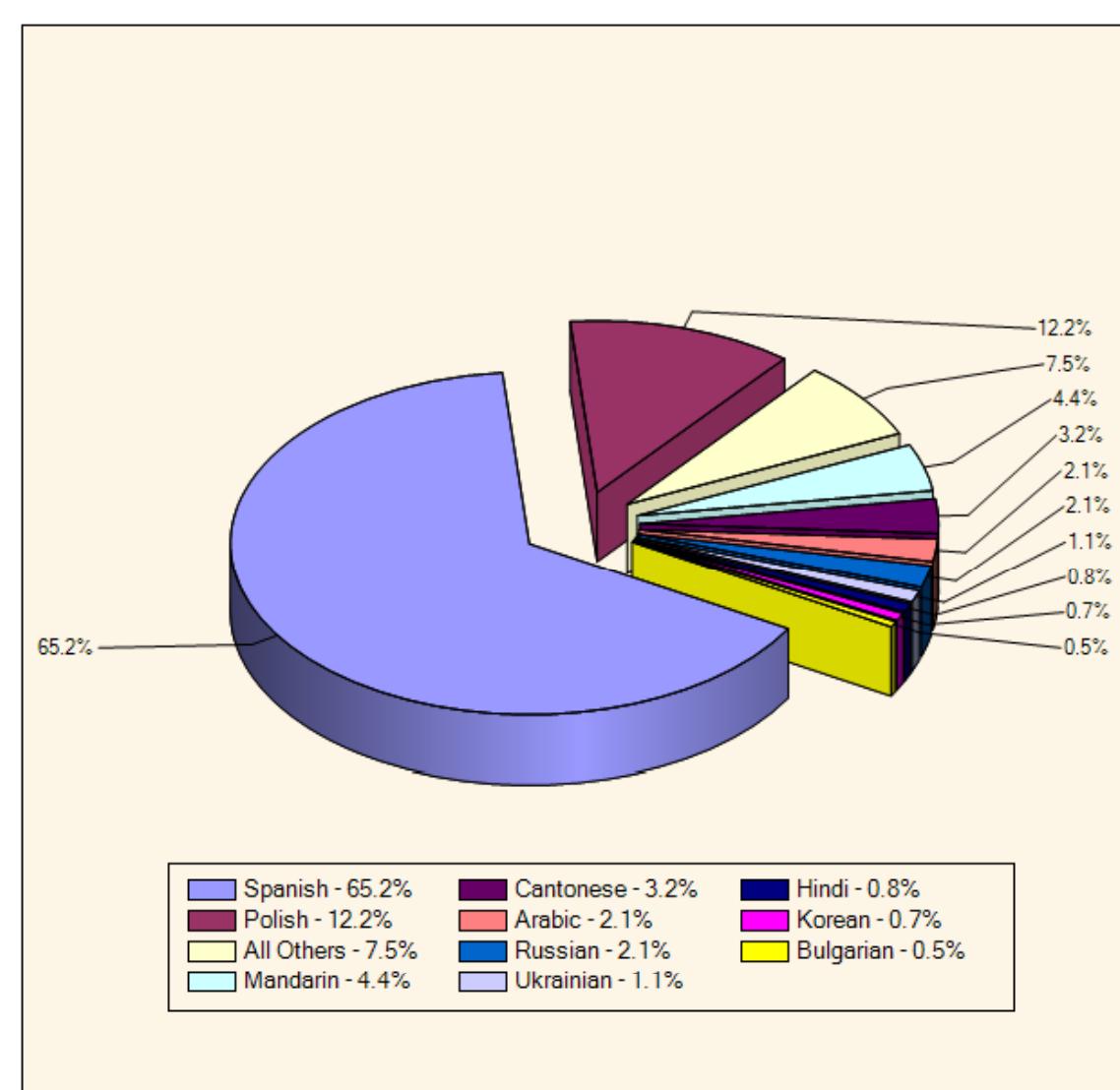
Total Calls: 79,600 (218 per day on the average)

Total Languages: 116

Additional Calls: 96 Languages, 2086 Calls



# Over Phone Interpreter– % by Language



# Assuring Language Competence

## Interpreters

- New interpreters complete 45 classroom hours of instruction and pass the Language Assessment Exam and oral proficiency exam.
- CCHHS requires 40-60 hours of internship training

## Bilingual staff

- Written test to assess language proficiency
- Oral exercises using medical scenarios to assess both oral proficiency as well as medical terminology



COOK COUNTY HEALTH  
& HOSPITALS SYSTEM

CCHHS

Cook County Health and Hospitals System  
Quality and Patient Safety Committee Meeting Minutes  
March 17, 2015

ATTACHMENT #3

# COOK COUNTY HEALTH & HOSPITALS SYSTEM

Toni Preckwinkle  
President  
Cook County Board of Commissioners  
  
John Jay Shannon, MD  
Chief Executive Officer  
Cook County Health & Hospitals System



COOK COUNTY HEALTH  
& HOSPITALS SYSTEM  
**CCHHS**

## Cook County Health & Hospitals System

### Board Members

M. Hill Hammock • Chairman  
Commissioner Jerry Butler • Vice Chairman  
Lewis Collens  
Ric Estrada  
Ada Mary Gugenheim  
Emilie N. Junge  
Wayne M. Lemer, DPH, FACHE  
Erica E. Marsh, MD MSCI  
Carmen Velasquez  
Dorene P. Wiese, EdD

**Ozuru O. Ukoha, MD**  
President,  
Executive Medical Staff  
John H. Stroger, Jr.  
Hospital of Cook County

Date: March 10, 2015

Dear members of the Quality and Patient Safety Committee of the CCHHS Board:

Please be advised that the Executive Medical Staff Committee of John H. Stroger, Jr. Hospital of Cook County, at its March 10, 2015 meeting, approved the attached list of medical staff action items for your consideration.

Respectfully,

Ozuru O. Ukoha, MD  
President, EMS

# John H. Stroger, Jr. Hospital of Cook County



## Medical Staff and Non-Medical Staff Action Items Subject to Approval by the CCHHS Quality and Patient Safety Committee

### INITIAL APPOINTMENT APPLICATIONS

Alimi-Ukoha, Adetowun, DDS Appointment Effective:	Oral Health March 17, 2015 thru March 16, 2017	Active Dentist
Blaney, Rodney, DMD Appointment Effective:	Oral Health March 17, 2015 thru March 16, 2017	Active Dentist
Bloch, Orin, MD Appointment Effective:	Surgery/Neurosurgery March 17, 2015 thru March 16, 2017	Voluntary Physician
Loafman, Mark, MD Appointment Effective:	Family Medicine March 17, 2015 thru March 16, 2017	Active Physician
Parsa, Andrew T., MD Appointment Effective:	Surgery/Neurosurgery March 17, 2015 thru March 16, 2017	Voluntary Physician
Tate, Matthew C., MD Appointment Effective:	Surgery/Neurosurgery March 17, 2015 thru March 16, 2017	Voluntary Physician
Vandiver, Claudia, MD Appointment Effective:	Family Medicine/ACHN March 17, 2015 thru March 16, 2017	Active Physician

### INITIAL APPOINTMENT NON-PHYSICIAN APPLICATION

Betanzos, Mateo, CNP With Vergara-Rodriguez, Pamela T, MD Effective:	Medicine/Core Center March 17, 2015 thru March 16, 2017	Nurse Practitioner
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### REAPPOINTMENT APPLICATIONS

#### Department of Family Practice

DeBiase, Norbert G., MD Reappointment Effective:	Family Medicine/ACHN April 10, 2015 thru April 9, 2017	Active Physician
Gibson, Sandy, DO Reappointment Effective:	Family Medicine April 12, 2015 thru April 11, 2017	Active Physician

#### Department of Medicine

Andablo, Araceli, MD Reappointment Effective:	General Medicine April 9, 2015 thru April 8, 2017	Active Physician
Black, Stephanie, MD Reappointment Effective:	Infectious Diseases April 16, 2015 thru April 15, 2017	Voluntary Physician
Brecklin, Carolyn, MD Reappointment Effective:	Nephrology April 27, 2015 thru April 26, 2017	CCHHS Active Physician

**APPROVED**

**BY THE QUALITY AND PATIENT SAFETY COMMITTEE  
ON MARCH 17, 2015**

**John H. Stroger, Jr. Hospital of Cook County**  
**Reappointment Applications**

**Department of Medicine (continued)**

Das, Krishna, MD Reappointment Effective:	General Medicine March 17, 2015 thru March 16, 2017	Active Physician
Hadley, Indira, MD Reappointment Effective:	Rheumatology March 17, 2015 thru March 16, 2017	Active Physician
Kee, Romina, MD Reappointment Effective:	Collaborative Research April 27, 2015 thru April 26, 2017	Active Physician
McGillen, John, MD Reappointment Effective:	General Medicine/ACHN April 12, 2015 thru April 11, 2017	Voluntary Physician
Piette, Warren, MD Reappointment Effective:	Dermatology April 28, 2015 thru April 27, 2017	Active Physician
Ruthberg, Andrew, MD Reappointment Effective:	Rheumatology April 28, 2015 thru April 27, 2017	Voluntary Physician
Trick, William, MD Reappointment Effective:	General Medicine/Collaborative Research April 17, 2015 thru April 16, 2017	Active Physician
Wong, Alton, MD Reappointment Effective:	Hematology/Oncology April 15, 2015 thru April 14, 2017	Consulting Physician

**Department of Obstetrics and Gynecology**

Patel, Ashlesha, MD Reappointment Effective:	Ob/Gyne April 17, 2015 thru April 16, 2017	Active Physician
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**Department of Pediatrics**

Aronson, Andrew, MD Reappointment Effective:	Nephrology April 10, 2015 thru April 9, 2017	Voluntary Physician
Joseph, Tessy, MD Reappointment Effective:	Pediatrics April 12, 2015 thru April 11, 2017	Active Physician

**Department of Psychiatry**

Kleinman, Amand S., MD Reappointment Effective:	Psychiatry April 13, 2015 thru April 12, 2017	Voluntary Physician
Kulik, Andrew Segovia, MD Reappointment Effective:	Adult Psychiatry April 28, 2015 thru April 27, 2017	Active Physician

**Department of Radiology**

Thakrar, Jagdish, MD Reappointment Effective:	Radiation Oncology April 28, 2015 thru April 27, 2017	Consulting Physician
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**Department of Surgery**

Adenwalla, Mohamed K., MD Reappointment Effective:	Ophthalmology March 17, 2015 thru March 16, 2017	Consulting Physician
Arensman, Robert M., MD Reappointment Effective:	Pediatric Surgery March 18, 2015 thru March 17, 2017	Active Physician

**John H. Stroger, Jr. Hospital of Cook County**  
**Reappointment Applications**

**Department of Surgery (continued)**

Grevious, Mark A., MD Reappointment Effective:	Plastic Surgery April 27, 2015 thru April 26, 2017	Active Physician
Lazzaro, Gianluca MD Reappointment Effective:	Surgical Oncology April 27, 2015 thru April 26, 2017	Active Physician
Sidle, Douglas M., MD Reappointment Effective:	Otolaryngology March 18, 2015 thru March 17, 2017	Voluntary Physician

**Renewal of Privileges for Non-Medical Staff:**

Argueta, Alejandra, PA-C With Bowman, Steven H., MD Alternate Feldman, Robert J., MD Effective:	Emergency Medicine March 17, 2015 thru March 16, 2017	Physician Assistant
Cristofano, Michael V., PA-C With Schwartz, David N., MD Alternate Rezai, Katayoun., MD Effective:	Medicine/Infectious Diseases March 17, 2015 thru March 16, 2017	Physician Assistant
Powell, Tracy E., CCP Effective:	Surgery/Cardiothoracic March 17, 2015 thru March 16, 2017	Perfusionist
Sheehan, Megan F., CRNA Effective:	Anesthesiology March 17, 2015 thru March 16, 2017	Nurse Anesthetist
Sims, Kevin E., PA-C With Baker, Terrance P., MD Alternate Yu, Yan K., MD Effective:	Correctional Health Services March 17, 2015 thru March 16, 2017	Physician Assistant
Stanford, Suzanne M., CNP With Manadan, Augustine M., MD Effective:	Medicine/Rheumatology March 17, 2015 thru March 16, 2017	Nurse Practitioner
Wolfinger, Richard C., PA-C With Lewis, Trevor, MD Alternate Kysia, Rashid Fuad, MD Effective:	Emergency Medicine March 17, 2015 thru March 16, 2017	Physician Assistant

**Renewal of Agreement Items:**

George, Reena, CNP With Norberg Lopez, Josie L., MD Effective:	Family Medicine/ACHN March 17, 2015 thru August 25, 2016	Nurse Practitioner
Reyes, Margaret E., CNP With Norberg Lopez, Josie L., MD Effective:	Family Medicine/ACHN March 17, 2015 thru March 19, 2016	Nurse Practitioner

# COOK COUNTY HEALTH & HOSPITALS SYSTEM

Toni Preckwinkle  
President  
Cook County Board of Commissioners  
  
John Jay Shannon, MD  
Chief Executive Officer  
Cook County Health & Hospitals System



COOK COUNTY HEALTH  
& HOSPITALS SYSTEM  
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Ada Mary Guggenheim  
Emilie N. Junge  
Wayne M. Lerner, DPH, FACHE  
Erica E. Marsh, MD MSCI  
Carmen Velasquez  
Dorene P. Wiese, EdD

Anwer Hussain, DO, FAAEM  
President,  
Medical Executive Committee  
Provident Hospital  
Of Cook County

March 6, 2015

Dear Members of the Quality and Patient Safety Committee:

Please be advised that at the Credentials Meeting held on March 3, 2015 the Medical Executive Committee of Provident Hospital of Cook County recommended the actions on the enclosed list. It is being presented to you for your consideration.

Respectfully,

Anwer Hussain, DO  
President, MEC

# Provident Hospital of Cook County



Medical Staff Action Items Subject to Approval by the CCHHS Quality and Patient Safety Committee

## REAPPOINTMENT APPLICATIONS

### Internal Medicine

Wong, Alton, MD  
Reappointment Effective:

Hematology/Oncology  
April 14, 2015 thru April 13 2017

Consulting Physician

### Obstetrics and Gynecology

Patel, Ashlesha, MD  
Reappointment Effective:

Obstetrics/Gynecology  
April 18, 2015 thru April 17, 2017

Affiliate Physician

### Surgery

Grevious, Mark A., MD  
Reappointment Effective:

Plastic Surgery  
April 27, 2015 thru April 26, 2017

Affiliate Physician

### Telemedicine Privilege Requests

Aikawa, Taro, MD  
Effective:

Radiology / Virtual Radiologic  
April 12, 2015 thru April 11, 2017

Teleradiologist

CCHHS  
**APPROVED**

BY THE QUALITY AND PATIENT SAFETY COMMITTEE  
ON MARCH 17, 2015